



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 2, 2011

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Mo Java Café & Roasting Company, 2649 N 48th Street requesting a class I liquor license.

Paul Marshall, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Paul Marshall was born in Lincoln, Nebraska. He obtained his GED in 1987.

Mr. Marshall has been self employed since 1994. He has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) MO JAVA CAFE & ROASTING CO.

Street Address #1 2649 N. 48TH ST. STE. D.

Street Address #2 _____

City LINCOLN

County LANCASTER

Zip Code 68504

Premise Telephone number 402-464-4130

cell 770-2516

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name 2649 N 48TH ST. STE. D.

Street Address #1 _____

Street Address #2 _____

City LINCOLN

State NE

Zip Code 68504

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length _____ feet
Width _____ feet

> to follow

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

outdoor = 14' x 35'

main floor of two-story bldg 42' x 40'
NW section of bldg-

15' 3" in fence
35' sidewalk
cafe

42' N
main floor of
two story building

W

40

diagram

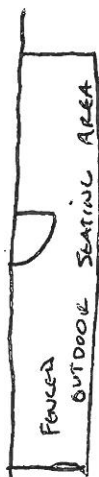
no basement

N ↓

2 STORY
BUILDING

LICENSING 1 STORY
1ST FLOOR

BASMENT - YES.
DO NOT WISH TO
LICENSE BASEMENT



MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1994	2011	Y. JAWA INC.	Paul Maresca II	402-464-4130

MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW
Please print clearly

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MAY 18 2011

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
	02-1994	OTOE COUNTY NEBRASKA	POSSESSION OF MARIJUANA	PAID MISDEMEANOR FINE
	07-1992 & '91	LANCASTER COUNTY - NEB.	" " "	" " "

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

THE ROTISSERIE RESTAURANT

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner.

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☒ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

CORNUKOSER BANK - PAUL J. MARSHALL

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

PAUL MARSHALL held a liquor license for the ROTISSERIE RESTAURANT, CORPORATION NAME, LINCOLN HOLDINGS I BELIEVE. THIS WAS AROUND 1987 AND I SIMPLY NO LONGER WORK THERE.

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NEBRASKA LIQUOR
CONTROL COMMISSION

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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CONTROL COMMISSION

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
PAUL J. MARSHALL	07/1987?	BAR MANAGER AT THE ROTISSERIE RESTAURANT LINCOLN, NE.
PAUL J. MARSHALL	08/1990	LOST COAST BREWERY - EUREKA, CA.

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date _____
- ☐ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business? EXISTING BUSINESS SINCE 1994

15. What will be the main nature of business? DELI SANDWICHES - COFFEE DRINKS - LIMITED ALCOHOLIC BEV

16. What are the anticipated hours of operation? 7AM - 11AM 7 DAYS

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

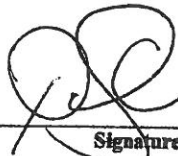
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
PAUL MARSHALL	FROM	TO		FROM	TO
2284 SHELDON ST. LIN, NE. 68503	2010	2011			
2722 N 48TH #2 LIN, NE. 68504	2009	2010			
1045 D. ST. LINCOLN, NE. 68504	2006	2009			
1122 S. 16TH ST. LIN, NE. 68500					

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.



Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

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NEBRASKA LIQUOR
CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

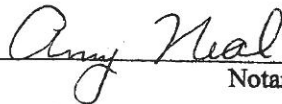
5-16-2011

date

by

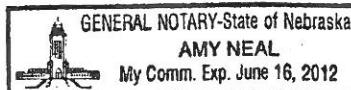
Paul J Marshall

name of person acknowledged



Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website:

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Paul J. Marshall

Name of Corporation that will hold license as listed on the Articles

YO JAVA INC.

Corporation Address: 2649 N 48TH ST. STE. D

City: LINCOLN State: NE Zip Code: 68504

Corporation Phone Number: 402-464-4130 Fax Number: _____

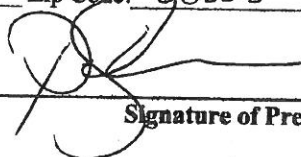
Total Number of Corporation Shares Issued: _____

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: MARSHALL First Name: PAUL MI: J

Home Address: 2284 SHELDON ST. City: LINCOLN

State: NE Zip Code: 68503 Home Phone Number: 402-770-2516



Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

5-16-2011

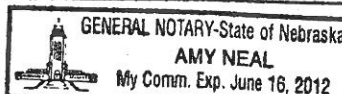
by

Paul J Marshall
name of person acknowledge

Date

Amy Neal

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: MARSHALL First Name: PAUL MI: J

Social Security Number: _____ Date of Birth: _____

Title: PRESIDENT - CEO - SEC. - TREASURER Number of Shares 100%

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying corporation controlled by another corporation/company?

☐ YES

☒ NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: JANUARY Ending Date: DECEMBER

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID # _____

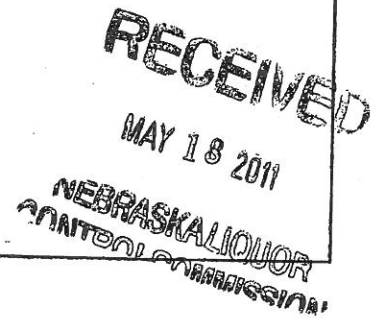
In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

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MAY 18 2011
NEBRASKA LIQUOR
CONTROL COMMISSION

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website:

Office Use



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: YO JAVA INC.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: MO JAVA CAFE & ROASTING CO.

Premise Street Address: 2649 N 48TH ST. STE. 1

City: LINCOLN

State: NE

Zip Code: 68504

Premise Phone Number: 402-464-4130

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: MARSHALL First Name: PAUL MI: J

Home Address (include PO Box if applicable): 2284 SHELDON ST.

City: LINCOLN County: LANCASTER Zip Code: 68503

Home Phone Number: 402-770-2516 Business Phone Number: 402-464-4130

Social Security Number _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: LANCASTER COUNTY

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
2284 SHELDON ST. LINCOLN NEBRASKA	2010	2011			
2722 N 48TH LINCOLN, NE. 68504	2009	2010			
1045 D. ST. LINCOLN, NE. 68503	2006	2009			
1122 S. 16TH LINCOLN, NE. 68503	1996	2006			

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
PAUL J. MARSHALL	02-1994	STOE COUNTY NEBRASKA	POSSESSION OF MARIJUANA	AD. MISDEMEANOR FINE
PAUL J. MARSHALL	07-91-02-92	LANCASTER COUNTY	" " "	" "

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and how many
- Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- Attach temporary operating permit (T.O.P.) (form 125)
- T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) CORNHUSKER BANK

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JUN 22 1967
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 18 2011

NEBRASKA LIQUOR
COMMISSION

PHS 796(VS) REV. 2-65
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics

67 23526

CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126

1. PLACE OF BIRTH a. COUNTY Lancaster <i>M-624</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Lancaster	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln		c. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln General Hospital		d. STREET ADDRESS 4335 South St. Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) Paul b. (Middle) Jeremy c. (Last) Marshall			
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
7. FULL NAME a. (First) Jon b. (Middle) Mills c. (Last) Marshall d. COLOR OR RACE White			
9. AGE (At time of this birth) 33 Yrs.		10. BIRTHPLACE (City, town, or county) (State or foreign country) Roswell, New Mexico	
11a. USUAL OCCUPATION Food Serv. Director		11b. KIND OF BUSINESS OR INDUSTRY Kellogg Center	
12. FULL MAIDEN NAME a. (First) Nancy b. (Middle) Lee c. (Last) Galbraith d. COLOR OR RACE White			
14. AGE (At time of this birth) 26 Yrs.		15. BIRTHPLACE (City, town, or county) (State or foreign country) Hollis, Oklahoma	
16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 28 weeks pregnancy)? 0			
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Jon Marshall—Mother			
Was serologic test made on blood from mother of this child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date Aug. 2, 1967 If serologic test not made, state reason why			
18a. SIGNATURE <i>Harold E. Hawley</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS Lincoln, Nebraska		19. MOTHER'S MAILING ADDRESS Mrs. Jon Marshall 4335 South St. Lincoln, Nebraska 68506	
20. DATE RECD BY LOCAL REG. JUN 27 1967		21. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

I hereby certify that this child was born alive on the date stated above

at **11:06** a.m.